

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA

CHARLOTTE, NC

FEB 26 2024

US DISTRICT COURT
WESTERN DISTRICT OF NC

Mr. Jeffery L. Sanders

Plaintiff,

COMPLAINT Case No. 3:24-cv-240

vs.

UNION COUNTY Jail
3344 Presson Rd
Monroe, N.C. 28112
Insurance Company

Defendant(s).

A. JURISDICTION

Jurisdiction is proper in this court according to:

☒ 42 U.S.C. § 1983

☐ 42 U.S.C. § 1985

☐ Other (Please specify) _____

B. PARTIES

1. Name of Plaintiff: Mr. Jeffery L. Sanders
Address: County of Union Detention Center
3344 Presson Rd.
Monroe, N.C. 28112

2. Name of Defendant: Nurse Mrs. Diane and all
Address: Union County Jail Staff
3344 Presson Rd.
Monroe, N.C. 28112

Is employed as Nursing Staff at Union County Jail
(Position/Title) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES ☒ NO ☐ if "YES" briefly explain:

The UNION COUNTY Jail medical staff were negligent and Deliberate indifferent to my medical needs I suffered pain and Neglect causing Damages

3. Name of Defendant: Head Nurse Diane, and all
Address: UNION COUNTY Jail

3344 Presson Road
Monroe NC 28117

Is employed as Head Nurse at UNION COUNTY Jail
(Position/Title) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES ☒ NO ☐ if "YES" briefly explain:

she was employed as medical jail staff. she fail to act and treat my injuries IN A Timely fashion to prevent perminant Damage

4. Name of Defendant: Head Nurse Diane, and all
Address: County of Union

3344 Presson Rd
Monroe, N.C. 28112

Is employed as Head Nurse at Union County Detention Center
(Position/Title) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES ☒ NO ☐ if "YES" briefly explain:

Officer Cain was the reporting officer He did a INCIDENT report back in 2023

(Use additional sheets if necessary.)

C. NATURE OF CASE

Why are you bringing this case to court? Please explain the circumstances that led to the problem.

I seek money, monetary Damages
for my INJURIES that cause pain and
suffering in the amount of 500,000 \$
Jail medical staff are liable for
Damage through Neglect and Negligent
They were Deliberate indifferent to all my
medical needs concerning my KNEE treatment
Attached Report

F. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

Have you filed other lawsuits in state or federal court that deal with the same facts that are involved in this action? YES _____ NO ✓

If your answer is "YES", describe each lawsuit. (If there is more than one lawsuit, describe additional lawsuits on additional separate pages, using the same outline.)

1. Parties to previous lawsuits:

Plaintiff(s): _____

Defendants(s): _____

2. Name of court and case or docket number:

3. Disposition (for example, was the case dismissed? Was it appealed? Is it still pending?)

4. Issues raised:

5. When did you file the lawsuit? _____
Date: Month/Year

6. When was it (will it be) decided? _____

Have you previously sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part D? YES _____ NO _____

If your answer is "YES" briefly describe how relief was sought and the results. If your answer is "NO" explain why administrative relief was not sought.

D. CAUSE OF ACTION

I allege that my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary you may attach additional pages)

- a. (1) Count 1: The seventh Amendment
(2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing any legal authority. Use additional sheets if necessary.)

I suffered pain and neglect
through deliberate indifference
concerning improper medical treatment

- b. (1) Count 2: Gross Negligence
(2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing any legal authority. Use additional sheets if necessary.)

I was denied medical treatment
staff provided a unsafe living
environment, failure to shield and protect

E. INJURY

How have you been injured by the actions of the defendant(s)?

I was in a UN proper cell with water on the floor
I was on crutches I slip and fall causing
Perminant Damage to my KNEE I was denied
medical treatment BY the Nursing staff
water ran in my cell Jail staff are liable
BY Neglect and causing a unsafe living Housing
IN Viroment while in their legal custody
Head Nurse Mrs Diane is responsible for putting
me in that wheel chair cell and Nurse Diane
NEW There were water in that cell BUT
fail to act to insure safety she's liable
for her Nursing staff actions who
were Deliberate indifferent to all my
medical needs while Housed in Union Co. Jail
staff acted under the color of law

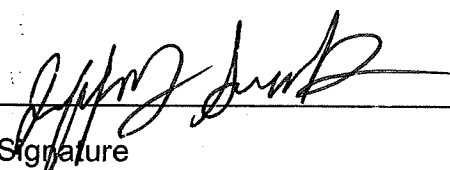
G. REQUEST FOR RELIEF

I believe I am entitled to the following relief:

MONETARY AND PUNITIVE DAMAGES
I seek retribution money in the amount
of 500,000 for damages Both
mental and physical Through
neglect and Gross Negligence
and Deliberate indifferent medical
Treatment causing permanent injury

JURY TRIAL REQUESTED YES ☒ NO ☐

Signed at UNION CO. Jail on Feb. 21, 2024
(Location) (Date)


Signature

Address: UNION COUNTY Jail
3344 PRESSON ROAD
MONROE NC 28112
Phone: _____
E-Mail: _____

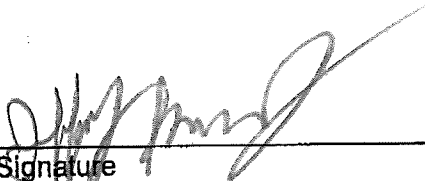
CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was mailed/ delivered to the following individuals at the addresses listed:

This the 19 day of February, 20 24.

Signature

(Print Name)


Jeffery Sanders